DOCUMENT RESUME

ED 328 846 CG 023 152

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TITLE Same Name as Father: Is Being a Junior a Help or a Handicap?
PUB DATE 90
NOTE 15p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Affective Behavior; Behavior Disorders; *Emotional Development; *Fathers; Mental Disorders; Mental Health; Personality Problems; *Social Development; *Sons
IDENTIFIERS *Names

ABSTRACT

The relationship between mental illness and the practice of naming a son after the father was investigated. Plank and Cameron suggested that individuals who carry their father's name often live under the father's shadow, and this might influence the social/emotional development of the individual. Previous reports of rates of mental illness among males named after their fathers were lower than the rate found in this investigation. Methodological problems might be the cause of this underestimation. Data from 1989 local birth records found that 19 percent of males were named after their fathers. Records from a western New York psychiatric hospital revealed that 19 of 110 adult male patients were named after their fathers. The findings failed to support Plank's hypothesis that Juniors have a higher rate of mental illness than the average population. However, there was a difference for affective disorders, i.e., the rate of affective disorders was higher for Juniors than the rate that would be expected in the general population. (LLL)

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Same Name as Father: Is Being a Junior A Help or a Handicap?

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Abstract

The relationship between mental illness and the practice of naming a son after the father was investigated. Plank and Cameron suggested that individuals who carry their father's name often live under the father's shadow. This might influence the social/emotional development of the individual. This study shows that previous reports of rates named after their fathers are lower than found in this of males investigation. Methodological problems might be the cause of this underestimation. Data from 1989 local birth records found that 19% of males were named after their fathers. Further, results from a Western New York psychiatric hospital failed to support Plank's hypothesis that Jrs. have a higher rate of mental illness than the average population. However, there is a difference for affective disorders, i.e., the rate of affective disorders is higher for Jrs. than expected in the general population.

Same Name as Father: Is Being a Junior A Help or a Handicap?

A person's name is more than just a label. It is the symbolic representation of the individual. Since the Middle Ages, fathers have named their sons after themselves in hope of "carrying on" the line or tradition. There is no doubt that being a namesake of a famous person can be advantageous in life, but the value of this naming tradition has caused controversy and doubts among scholars. Busse, Busse, and Busse (1979) found that elementary school boys liked their names about as well as other boys.

Plank (1971) suggested that a father would name his son after himself to perpetuate his own image. The father wants his son to emulate him, but at the same time to retain a clear superiority role over the son. Plank called this the "Hamlet hypothesis." He used records from the Cleveland Veterans Administration hospital to show that Jrs. were three times more frequent in psychiatric wards than in non-psychiatric wards.

Cameron (1987) conducted another study on juvenile delinquency and found that Jrs. were more frequently found in a home for delinquent youths than non-Jrs. (21% vs. 10%). She suggested that a child named after the father is more likely to be subjected to displaced aggression from the parents than a child not named after the father. The aggression could originate from a father's frustration towards himself, or a mother's marital resentment towards the father. Cameron attributed the high rate of delinquency in young Jrs. to prior child abuse. It

is known that a person who suffered from child abuse is more likely to engage in aggressive or criminal behavior later in life.

The purpose of this investigation was to determine: (1) the actual percentage of people in a sample of mentally ill men who were named after their fathers, and (2), whether these men really suffer from a higher rate of mental illness as Plank suggested. Some clarification on the variation of the Jr. naming practice is needed here. There are three types of name that might have an impact on the developmental process of a male child. Type I are those with the exact name as the father and the suffix Jr. Type II are those with the exact name as the father but without the suffix Jr. Type III are those matching the first name as the father but without the suffix Jr. Regardless of type, those named after their father are likely to be forced to model themselves after the father. In other words, "not to be their own man." To avoid confusion, the words "same name" will be used to represent all three types of name.

Method

Sample and Setting

One hundred and ten adult male patients from Gowanda Psychiatric Center were used as the sample group. The breakdown of the patients into categories of affective, schizophrenic, and others were done with reference to the Diagnostic Statistical Manual IIIR (1983). The center is located in Helmuth, Western New York State. It serves Chautauqua, Cattaraugus, Allegany, Wyoming, and part of Erie county. The current hospital

population is about 330. The majority of the patients are long-stay elderly requiring psychiatric nursing care. The ethnic composition is: White, 91%; Black, 6%; and Others, 3%. The religious affiliations are: Protestant, 45%; Catholic, 33%, Jewish, 2%, and Others, 2%. From these 330 records, 110 male records were randomly selected for sampling.

To estimate the actual number of Jrs. in the general population, the 1925 New York State census and the 1989 birth records from Halifax County, NC were used. On the 1925 census, attention was directed only at Chautauqua County. The rationale is that Chautauqua County supplies the largest number of patients to the hospital. In an attempt to approximate the focus group's mean age of 60, only entries of male children born in 1925 were used. Those born in 1925 would be 65 in 1990, providing only about a five year difference from the sample group. The four census books containing information on Chautauqua County were sampled randomly by examining specific pages. The page number was generated by skipping 10-30 pages every time an entry was examined. The exact range depends on the length of the book.

More recent New York State data were not available due to regulations concerning confidentiality. However, data from North Carolina were available and were thought to be adequate to provide some insight. Halifax County was chosen to be representative. Additional verification of the rate of Jrs. in Chautauqua County was provided by the city clerk of Dunkirk, NY who provided data on the percentage of Jrs. Between 1949 to 1959.

Results

The hospital records reveal that 19 out of the 110 sampled were same names. It is unclear how many of them actually have the suffix Jr., since the suffix is omitted in the records. The average age of the same names is 60. All of them are White, 8 are Protestant, 7 are Catholic, and 4 are of Unknown Affiliation. As shown in Table 1, data from the 1925 New York State census, 1949-1958 Dunkirk birth records, and the 1989 Halifax County birth records all show that approximately 18-20% of the males are named after the fathers.

Insert Table 1 about here

As shown in Table 2, the comparison between the percentage of same names in the hospital and the 1925 census was found to be non-significant, chi-square (Df = 1, N = 110) = 0.88, $p>.50$. However, the comparison between the types of mental illness in Table 3 shows a significant difference between the same names and different names in Gowanda Psychiatric Center, chi-square (Df = 2, N = 324) = 10.799, $p<.001$. The data indicate a significantly higher incidence of those in the Goawanda sample as having the affective disorders classification.

Insert Tables 2 and 3 about here

Discussion

In order to establish the relation between Jr. and mental illness, it was necessary to determine the percentage of Jrs. in the area population. There is no firm estimate of estimates of Jrs. in the general population. This study does provide evidence that at least in Western New York, approximately 20% of the males are named after their fathers. This percentage is close to the 22% reported by Busse, Busse, and Busse (1979) in their study. Also, contrary to what Plank found in 1971, the overall rates of mental illness in a mental hospital, such as Gowanda Psychiatric Center are the same for both the same name sample and different name. The major difference is in the types of mental illness the two groups suffer. The sample group of same names has a higher rate for affective disorders and a lower rate for schizophrenia when compared to the overall hospital population.

The reason for this discrepancy is not clear. One possible explanation regarding the underestimation on the percentage of Jrs. in the general population is that researchers like Plank (1971) and Taylor (1974) who used sources such as a telephone directory may have failed to account for many who have the same names as their fathers but did not list the suffix Jr. This might be why extremely low figures like 4%-7% were reported. Perhaps a more valid method to identify whether or not a person is a Jr. is to examine official reports containing the name of both the father and the son (e.g., birth records) and match the two names.

This study has shown that the same name sample does not suffer from a higher risk of overall mental illness. However, the data do show same names are more likely to suffer from affective disorders. The sample is large enough to establish this connection, but it needs to be verified. The implication of this finding is still not clear. Perhaps it is the result of being under the shadow of the father as Plank has suggested.

Chief Psychologist at Gowanda Psychiatric Center, Dr. Robert E. Hill (1990) thinks that many affective disorders seem to have genetic origins. In this case, the assume stress of being a Jr. might not be a cause of Jrs. having a higher rate of affective disorder. But it is also an accepted fact that while genetics plays an important factor in mental illness, environmental variables can contribute to or minimize the danger of an outbreak of mental illness.

The possible problems faced by a man with the same name as his father could originate from within the family or from the society. A mother might project her negative feelings about her husband onto the child who bears his father's name. When she sees the child, he may remind her of the bad experiences with the father. Sibling rivalries might also be a factor. Other siblings might envy "Jr." because he may appear to have special favors. Society might expect the child to be as good or as bad as the father. A famous or not-so-famous father might have unrealistic expectations for the child. All these situations can be a source of extreme pressure and stress. If the son is weak and insecure, the situation might produce anxiety, feelings of

helplessness, and depression as well.

The study by Busse, Busse, and Busse (1979) is an interesting one because it does have some insights about the how names affect people. They found that same names people often use a name other than their legal name. Same names reported liking their names about the same as controls. But when it comes something less obvious like filling a form, their tendency to use another name might imply their true feeling towards their own legal name.

With the data and methodology presented, future researchers following this research should be able to expand the scope of investigating problems involved with naming a child after the father.

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Author Note

Appreciation is expressed to: Dr. Robert E. Hill, Chief Psychologist; Dr. Charles Hodge, Director of Quality Assurance; Ms. Rosemary Eagan, Head of Medical Records; Ms. Marybeth Pine, Mental Hygiene Evaluation Specialist, and the staff at Gowanda Psychiatric Center for their assistance in this project. In addition, I would like to thank Mrs. Arlene Williams, City Clerk of Dunkirk, NY for her assistance.

Table 1.

Comparisons between the percentages of same names in New York and North Carolina

County	Year	Document Used	Percentage
Dunkirk, NY	1949-58	Birth Record	21%
Chautauqua, NY	1925	1925 Census	18%
Chautauqua, NY	1989	Not available	--
Halifax, NC	1925	Birth Record	24%
Halifax, NC	1989	Birth Record	19%

Table 2.

Comparisons between the frequencies of same names in Chautauqua County vs. Gowanda Psychiatric Center

	Chautauqua County	Gowanda Psychiatric
Same Name	18 (15.48)	19 (20.52)
Different Names	65 (67.52)	89 (89.48)
Total N	83	110

chi-square = 0.88

Df = 1

$p > .50$

Note: Numbers within parentheses are expected frequencies.

Table 3.

Comparisons between types of mental illness suffered by same name patients and different name patients in Gowanda Psychiatric Center

Same Name		Different Name*	
Schizophrenia	5	(9.47)	166 (161.53)
Affective	8	(3.05)	47 (51.95)
Others	6	(6.68)	111 (110.52)
Total N	19		324

chi-square = 10.79

Df = 2

$p<0.005$

Note: Numbers within parentheses are expected frequencies.

* The data were used upon the total patient population at Gowanda (see text) including men and women. It was not possible with the records available at the time to subtract the female patients. If they were deducted, the data would be at an even higher significance.